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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Mozambique
Support for a comprehensive population programme

Proposed UNFPA assistance:	$8 million, of which $5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1992
Executing agencies:	Government of Mozambique United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Planning Commission

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MOZAMBIQUE

Demographic facts

Population Total (000)	
Total	15,656
Males	7,722
Females	7,934
Sex ratio (/100 females)	97.3
Urban	4,188
Rural	11,468
Per cent urban	26.8
Population in year 2000 (000)	20,493
Functional age groups (%)	
Young child: 0-4	17.8
Child: 5-14	26.2
Youth: 15-24	18.9
Elderly: 60+	5.2
65+	3.2
Women: 15-49	22.9
Median age (years)	18.0
Dependency ratios: total	89.5
(/100) Aged 0-14	83.4
Aged 65+	6.1
Agricultural population density (/hectare of arable land)	4.25
Population density (/sq. km.)	20
Average annual change (000)	
Population increase	453
Births	738
Deaths	285
Net migration	0
Annual population total (% growth)	2.70
Urban	7.64
Rural	0.54
Crude birth rate (/1000)	44.0
Crude death rate (/1000)	17.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.23
Gross reproduction rate (/woman)	3.07
Net reproduction rate (/woman)	2.18
Infant mortality rate (/1000)	130
Life expectancy at birth (years)	
Males	46.9
Females	50.2
Both sexes	48.5
GNP per capita (U.S. dollars, 1989)	80

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $8 million, of which $5 million would be programmed from UNFPA's regular resources, over a three-year period, starting January 1992, to assist the Government of Mozambique in achieving its population and development objectives. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on the recommendations of a UNFPA multi-sectoral Programme Review and Strategy Development (PRSD) mission that visited Mozambique in November 1990; the Government's own strategy to develop a national population policy; the recommendations from the National Seminar on Population and Development held in July 1990, and from the National Seminar on Safe Motherhood held in November 1990; and the recommendations from the final tripartite project review concerning maternal and child health and family planning (MCH/FP) activities and the project to establish the Population Planning Unit. The proposed programme fits within the framework of national plans and programmes for poverty alleviation and for economic and social development.

3. The broad objectives of the proposed programme are to assist the Government in: (a) achieving more balanced population trends and distribution, in line with national resources in order to enhance long-term sustainable development; (b) reducing maternal and infant mortality and morbidity through continuing improvement in the quality and coverage of MCH/FP services; (c) improving the knowledge of the interrelationships between population and development within the cultural setting of Mozambique; (d) systematically integrating population variables into development planning with particular attention to poverty alleviation programmes; and (e) promoting the status of women through the elimination of practices that hinder their participation in population and development activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Mozambique was estimated at 15.6 million in 1990, up from 12.1 million in 1980, and United Nations projections indicate a population of 20.5 million for the year 2000. The annual rate of growth, estimated at 2.7 per cent (1990-1995), will probably increase when peace is established and the mortality level falls. The total fertility rate is estimated at 6.2. Life expectancy at birth is estimated at about 48.5 years, while infant mortality is estimated at 130 per 1,000 live births. Mozambique has an extremely young population with the 0-14 age group estimated at 44 per cent of the total, while the population aged 65 years and over accounts for only 3.2 per cent, contributing to a high dependency ratio of 83.4 dependent children per 100 working-age population.

6. Mozambique continues to be in the grip of a war of destabilization. More than a million refugees are in neighbouring countries. Between 3 and 4 million people have been displaced within the country, frequently seeking protection in or around cities. The Government is planning to reduce the rapid urban growth and promote voluntary resettlement of displaced populations to their areas of origin once peace is achieved. As for war refugees in neighbouring countries, the Government is also considering voluntary repatriation programmes and resettlement to the areas of origin. Mozambique is a vast country with good agricultural potential, but its population is mainly concentrated in coastal areas with high agricultural densities, where fragile soils are exposed to erosion. The war has exacerbated this skewed population distribution, with a clear impact on the environment. This unbalanced population distribution is perceived as the most pressing population issue.

7. No quantitative objectives or targets regarding population size, growth rate or fertility level currently exist. However, the Government is aware that during the last decade population growth has largely exceeded economic growth. In fact, the gross national product (GNP) has decreased for several years, exacerbating poverty in large sectors of the population. Mozambique is largely dependent on foreign aid: in 1988, official development assistance constituted 70.6 per cent of GNP. Today, Mozambique is one of the poorest countries in the world, with a per capita income of less than $100, and nearly 65 per cent of its population is considered to be living in absolute poverty, spending more than two thirds of household income on food. Because of these conditions, population and development activities take special account of the high level of poverty and are an integral part of efforts to achieve sustainable development.

8. The Government of Mozambique has not yet established an explicit population policy. However, population growth and distribution and their effect on economic and social development have been addressed by government officials and national leaders at different fora. The new constitution protects the right to live in a balanced environment. The Government, following the guidelines issued by the Fifth Congress of the Mozambique Liberation Front (FRELIMO -- the ruling party) in 1989, considers that population growth and distribution need to be balanced with economic resources and fosters the preservation of non-renewable natural resources and the environment. The Government has initiated a process to establish an integrated national population policy. In this regard, a Population Planning Unit (PPU) has been created within the National Planning Commission (see para. 25). The main constraints in formulating a national population policy are the lack of professionals trained in population analysis and the need for a wider debate and consensus on the contents of the policy.

9. Family planning activities are integrated into the maternal and child health programme and are recognized to be an important part of the effort to protect the health of children and women. A minimum two-year interval between childbirth and the next pregnancy is encouraged. The Ministry of Health's policy is that couples should be provided with educational materials and contraceptives to allow them to space their children. Current levels of morbidity and mortality are considered unacceptable. Pregnant women and children are identified as a special policy concern. Safe Motherhood objectives have been adopted following a national seminar on Safe Motherhood and have been integrated into the MCH/FP programme.

10. As regards the health system as a whole, the main goals are to improve the quality of services, restore the health infrastructure lost due to the war, and extend the benefits of the National Health Service to all parts of the country. Priority is given to preventive medicine with emphasis on major immunization programmes, MCH/FP, nutrition education, and environmental management. The main constraints in achieving these goals are the war, with its continued destruction of infrastructure and equipment, and the shortage of qualified personnel.

11. The skewed distribution of population is regarded as a negative factor in development efforts and is also causing serious environmental problems. In urban and peri-urban areas, which have experienced very fast growth, the environment has deteriorated, as sanitation, water, transport and other infrastructures and services have not expanded to meet needs. Displaced people, fleeing from the war, are concentrated in unplanned and congested settlements without water, sanitation or electricity. Such human concentrations, involving nearly a third of the country's population, are having a devastating effect on the environment. Vast areas around the cities are being deforested in the ever-widening search for fuel-wood and building materials. This is particularly noticeable in the coastal regions, where soils are highly erodible or sandy and unable to support the current pressure of human population. Elsewhere in the country, there is widespread slash-and-burn cultivation. Very few farmers could afford fertilizers, even if they were available. Urgent action is needed to prevent the destruction of the indigenous forests from unsustainable farming techniques and also to regulate the activities of the timber industry.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. At its twenty-sixth session in June 1979, the Governing Council approved the first UNFPA country programme of assistance to Mozambique in the amount of $9 million for the period 1979-1983. From 1979 to 1981 expenditures totalled $2 million. The balance was then reduced to $4.2 million, of which $3 million was expended up to 1985.

13. The second UNFPA country programme of assistance to Mozambique was approved by the Governing Council at its thirty-third session in June 1986. This was a five-year comprehensive programme providing assistance to all population-related sectors. The proposed assistance was $6 million, of which $4 million was to be provided by UNFPA and the rest by UNFPA or from multi-bilateral resources. By the end of the programming cycle, expenditures reached $5.2 million. A one-year bridging period was established for 1991, including the continuance of projects in areas requiring further assistance. This allowed the synchronization of the programming cycle with that of the United Nations Development Programme (UNDP), in order to facilitate the adoption of an integrated programme approach. An expenditure ceiling of $1 million was established for 1991 to allow for the extension of programme activities.

Maternal and child health and family planning

14. UNFPA support for national MCH/FP activities began in 1978. Until then, no family planning activities had been carried out in the country, and very little had been done as regards maternal and child health. In its first phase, the family planning programme was aimed primarily at those women at high reproductive risk of maternal and perinatal mortality and morbidity. A major achievement of UNFPA-supported activities in the first country programme was the formulation of a comprehensive national MCH/FP programme, adopted by the Ministry of Health in 1983. Programme administration and service delivery were strengthened through technical assistance and training. A major policy decision was the introduction of a new type of health personnel, the MCH/FP nurse, which allowed the extension of coverage and upgrading of services offered. A total of $3.7 million was allocated, and $2.9 million had been spent up to 1985.

15. The second phase of the MCH/FP project started in 1986, with the second country programme. A total of $2.4 million was provided and spent up to 1990. It emphasized increased coverage of MCH/FP services, training of health providers and consolidation of programme management in order to detect and recruit members of the at-risk population into family planning and other MCH activities.

16. As mentioned, a notable feature of the assistance to the MCH/FP programme to date has been the training of MCH/FP nurses, capable of delivering ante-natal, post-natal, normal labour and newborn care, and the full range of family planning services including intra-uterine device (IUD) insertion. These new basic health workers, together with equipment and supplies provided by UNFPA and other donors, resulted in a significant increase in ante-natal visits (57 per cent), institutional delivery care (26 per cent) and family planning acceptors (568 per cent) during the period 1979 to 1984.

17. After 1984, the intensification of the war caused destruction and closure of a number of health units and rural hospitals. The steady increase in coverage observed in all MCH/FP components up to 1984 then stagnated or decreased from 1984 to 1989. The only exception was in the area of family planning, which expanded consistently until 1989, when a shortage in stock of contraceptive supplies caused a decrease in service delivery. The increase in contraceptive use occurred primarily in urban areas. Data from a survey executed in 1987 with UNFPA assistance, within the MCH/FP project, indicated a contraceptive prevalence rate of about 16.5 per cent of women in fertile age in Maputo and 11.5 per cent in other urban areas. For the country as a whole the estimated prevalence rate was 6.5 per cent, but the urban areas were overrepresented in the sample, as some rural areas could not be covered for security reasons. The war has not only destroyed physical infrastructure, but logistics and information systems have also deteriorated and in some areas collapsed altogether, creating serious problems for management, procurement and distribution of supplies.

18. Another important feature of the second phase of assistance to MCH/FP was the creation of the MCH/FP provincial management teams composed of the local pediatrician and the obstetrician/gynecologist, both with supervisory and advisory functions, the person responsible for community health (usually a technician in preventive medicine), and an MCH/FP nurse responsible for the supervision and administration of the programme. These provincial teams played a relevant role in expanding the programme and extending supervision and advisory activities to the district level.

19. As for the accomplishments of the programme, the strengthening of the management of MCH/FP activities was considered to have been achieved to a high degree. Its consolidation, however, proved more problematic. At the central level, the turnover of personnel has deprived the MCH/FP section of experienced staff. At the provincial level, the MCH/FP teams were established and in most provinces functioned satisfactorily. However, the war situation severely hampered supervisory activities, and the increased workload of most senior staff resulted in more responsibilities resting on the nurses (who in many cases have only a sixth-grade level of education). The combination of these factors caused a deterioration of the programme, which accelerated after most provincial advisers were phased out in 1989 due to the war.

20. Other achievements of the MCH/FP programme have been the execution of surveys including anthropological studies and complete birth histories along the line of the World Fertility Survey Programme, which constitute the only data available at national level since the 1980 census, and the National Seminar on Safe Motherhood, 1990, which analysed and made recommendations on ways to better focus the MCH/FP programme to reduce maternal mortality.

Information, education and communication

21. The second UNFPA country programme of assistance allocated $1.3 million for information, education and communication (IEC) activities, of which $1.17 million had been spent by December 1990. Two main projects and a pilot project were carried out.

22. Population education in schools. An in-school programme has provided assistance to integrate population education into the curricula of the Mozambican primary, secondary and vocational school systems. By the end of the first phase, the project had achieved considerable success: a strategy paper was prepared to guide the introduction of population and family life education into the curricula at primary level; teachers' and students' manuals have been produced and pilot tests are being carried out in 22 schools in four provinces; socio-cultural studies have been conducted to orient approaches and methods suitable to the Mozambican society; training programmes have been developed to prepare teachers; and awareness-creation activities have been implemented.

23. Population education out of schools. UNESCO-executed IEC activities in support of MCH/FP were implemented by the Ministry of Health. The second country programme also proposed a pilot project to introduce training in family life education and responsible parenthood in some 20 villages. It was designed to study the needs and to test the impact and acceptability of family life education in villages. The project, however, ran into serious problems because of the deteriorating security situation in rural areas, and planned activities could not be executed. The project was revised, reformulated, and implemented in 1991, having reduced its rural target population to safe areas. It incorporated 10 enterprises in urban areas with workers in the organized labour sector. Based on the results achieved in this pilot phase, a large-scale project is planned to be introduced in close cooperation with the Mozambican Workers Organization (OTM) to bring family life education and responsible parenthood awareness to all organized workers in the country.

Data collection and analysis

24. The second country programme provided $775,000 to execute the 1990 population census. The war situation prevented the placement of field work teams to perform data collection in many areas of the country. Therefore the Government decided to postpone the census until 1995, executing instead a national demographic survey in 1991. There has been a dearth of activity in this sector since the conduct of the 1980 population census with the exception of the analysis of data from a survey on reproductive behaviour of Mozambican women in 1987 in the context of the MCH/FP projects and the current demographic survey. Preparatory census activities, however, began in 1988 and included cartographic training and technical advice. The availability of reliable updated information is therefore one of the most serious problems facing the country. Particularly with regards to population distribution, all indicators are based on impressionistic information. The results from the 1991 demographic survey were expected to be available in mid-1992.

Population policy formulation

25. UNFPA assistance was provided for establishing a Population Planning Unit (PPU) at the National Planning Commission. Preparatory activities started in 1987 and the PPU was established in 1990. The PPU's main responsibilities are to integrate population variables into economic and social development plans at all levels and to carry out the development, formulation and evaluation of population policies within the framework of the Government's long-term strategy for socio-economic development. In particular, the PPU should ensure that population aspects are taken into consideration in structural adjustment and poverty alleviation plans, and monitor the impact of these programmes on the most vulnerable sectors of the population, especially women and children. Population policy formulation, through the PPU, was allocated a total assistance of about $850,000, of which $360,000 came from UNFPA regular resources. At present, the PPU is staffed with five national university-level professionals, plus one professional financed through the UNICEF component and a chief technical adviser financed by UNFPA. Given the severe shortage of Mozambican university graduates, the Government's commitment to the PPU is illustrative of the importance attached to this sector.

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Population research and training

26. UNFPA support in the amount of $647,593 was provided for demographic training at the Eduardo Mondlane University (UEM) under a programme executed by the United Nations. Courses in demography have been introduced in the faculties of medicine, economics and geography. Population subjects are also planned to be introduced in the faculties of architecture and agronomy. A Demographic Documentation Unit has been established, and a manual on demography in Portuguese has been prepared. With only three Mozambicans currently holding a master's degree in population-related areas, there is still a serious shortage of trained nationals.

Women, population and development

27. UNFPA provided a total $310,000 of assistance to the Government to enhance the status of women through programmes aimed at strengthening the Mozambican Women's Organization (OMM). The objectives were to enable the organization to effectively play its role as a health mobilizer at the community level and to promote utilization of MCH/FP and AIDS education, as well as to conduct literacy activities, provide training in management and administration, and organize workshops and other relevant activities at the national and provincial levels. By the end of the first phase of this project, 22 women had been trained as trainers, 550 as health activists-mobilizers and 70 were given some training related to marketable skills. Notably, 26 Women Circles of Interest had been established in all provinces. These consist of community centres or groups around which women meet to discuss common problems, including issues of reproductive health, and organize themselves for social, educational and productive activities.

Other external assistance

28. UNFPA has been the main, and often the only, provider of population assistance in Mozambique. As the population programme expanded beyond the scope of UNFPA resources, UNFPA was instrumental in procuring additional assistance. Coordination among agencies facilitated inter-agency cooperation in data collection and analysis. The World Food Programme (WFP) has provided support to the population programme during the UNFPA second country programme, first assisting with food in support of the training of MCH/FP nurses, then through "food for work" assistance to OMM health mobilizers and monitors. The United Nations Children's Fund (UNICEF) has been providing support to MCH, mainly addressing the needs of children with emphasis on expanded immunization programmes, nutrition and education. In 1990, UNICEF allocated $850,000 to support activities (1990-1994) linked to UNFPA-sponsored projects, and UNDP allocated $280,000 for the year 1991 for population data collection and extension of the Population Planning Unit project up to December 1991.

29. At the end of 1990, the United States Agency for International Development (USAID) allocated $20 million to Mozambique for health and population programmes. The distribution of assistance by sectors is not yet defined, but supply of all types of contraceptives would be taken over by USAID, except injectables, which will be supplied by UNFPA. Support to the MCH/FP management information and logistics systems is to be considered, as well as assistance to the National Directorate of Statistics, initially for data processing and analysis.

30. The Organization of Petroleum Exporting Countries (OPEC) Fund for International Development provided a grant of $100,000 through a multi-bilateral arrangement with UNFPA in support of the MCH/FP programme. The International Planned Parenthood Federation (IPPF) has been providing contraceptives since 1980. IPPF also provides support for IEC activities. Up to December 1990 the cumulative grant provided by IPPF was $900,000. For 1991 the estimated grant is $260,000 and $280,800 for 1992. Family Planning

International Assistance (FPIA) provided a total cumulative grant of $150,000 for family planning commodities as of June 1990.

IV. PROPOSED PROGRAMME 1992 - 1994

31. The present situation in Mozambique requires an approach that considers two possible scenarios: a continuation of the current war of destabilization; and the establishment of peace. The need for post-war planning was cited by the Government at the Consultative Group Meeting held at the Paris offices of the World Bank in December 1990, calling attention to the increased resources necessary to reintegrate 1.1 million external refugees and 3.5 million internally displaced people into the rural economy following a peace settlement. Considering that the prospects of achieving peace in the near future are positive, the strategy for UNFPA support should be to concentrate assistance on those activities that could take effect under the present circumstances and would also transcend any changes that may arise with peace. The proposed programme is limited to a three-year period under the assumption that there will be more scope for UNFPA assistance in the future once peace is achieved. The proposed interim programme would emphasize training of human resources; support to the National Planning Commission in developing and formulating population policies, including policy-oriented research; and support to consolidate the management of the MCH/FP programme at the central level while strengthening planning, administration, logistic and supervision capacities at the provincial level and preparing to expand and consolidate MCH/FP activities at the district level in the future. The broad objectives of the programme have been stated in the summary section.

32. In more precise terms, the programme would address strategic aspects that require immediate attention in any scenario. A population policy has to be developed and formulated independently of any eventual political changes in the near future. Long-term development issues require that population distribution and urbanization receive priority attention. In order to formulate such a policy it will be necessary to improve the capacity for data collection and analysis. A participatory approach to policy formulation should be encouraged through awareness creation of the role of population factors in national development. The level and quality of MCH/FP services, even within the restricted areas in which the system can currently operate, are totally insufficient and inadequate. Management, administration and supervision of the MCH/FP programme have to be strengthened and consolidated at all levels, with priority given to the provinces to improve the present situation and to prepare for expansion once peace is achieved. Training of service providers, and particularly the training of trainers, should receive immediate attention. Population education in and out of schools and the improvement of women's status in the society are key issues in population programmes seeking long-term demographic effects; activities in these areas have been initiated in previous country programmes but much remains to be done even within the secure limits of urban areas.

Maternal and child health and family planning

33. In spite of concerted efforts by the Government, the health sector in Mozambique continues to face formidable constraints caused by the war and the shortage of qualified staff. This is compounded in the area of MCH/FP by widespread problems with logistics and the supply of contraceptives. Although some primary health care units in every district provide some MCH/FP services, not all of these units offer family planning services. Moreover, many units function only a few hours a day, since most people, including health providers, leave the villages to seek protection in secure areas before nightfall.

34. Further efforts are needed, therefore, to improve the quality and availability of health and family planning services even in areas where the system is operating. While targets on staff training have been achieved (300

MCH nurses and 240 midwives), the distribution of such staff throughout the country has been skewed toward urban centres, and absolute numbers fall short of requirements. The war has also destroyed nearly 25 per cent of the primary health care units.

35. There are no statistics to assess the impact all this has had on maternal mortality and morbidity, but fragmentary information from hospital records indicates that they continue to be unacceptably high. For example, maternal mortality rates in Maputo Central Hospital are estimated at 250 deaths per 100,000 live births; the rates in Tete Provincial Hospital are more than twice that number at about 600 per 100,000. Furthermore, long-term effective contraception is not readily available to most women at high obstetric risk, and this is a major cause of maternal deaths.

36. Training of staff in MCH/FP would therefore be a priority of the proposed UNFPA programme. In order to help consolidate the programme at the provincial and district levels, training in MCH/FP would be extended to medical technicians, including those who specialize in preventive medicine. To reduce maternal mortality rates and help achieve the goals set by the National Seminar on Safe Motherhood, MCH/FP nurses would receive further training, both practical and technical, and candidates with a standard ninth-grade education or more would be trained as MCH nurses. UNFPA would also provide support to train a new category of health worker -- mid-level MCH/FP technicians -- who will be used to help avert maternal deaths of women at high risk by, among other things, identifying women requiring caesarian sections and surgical sterilization. Such trained technicians would also be expected to improve the quality of institutional care at delivery and to participate in activities designed to prevent the spread of sexually transmitted diseases (STDs) and HIV infection.

37. Support would also be given to strengthen the Ministry of Health's institutional capacity to deliver and manage MCH/FP programmes through providing: (a) technical assistance (short- and long-term) in developing human resources and in managing and administering programmes, information systems and logistics; (b) long-term fellowships for health personnel to be trained at advanced levels in programme management and in the planning of primary health care and MCH/FP services; (c) basic and in-service training of MCH/FP nurses; short-term, intensive training in maternal and child health for medical technicians; and training of traditional birth attendants (TBAs); (d) training of trainers for MCH/FP nurses; (e) technical assistance, equipment and contraceptives to all 450 service delivery points that have trained MCH nurses, so that the full range of family planning services may be offered, including surgical contraception in those health units with adequate facilities; and (f) research studies on the acceptability, use and continuity of contraceptive methods.

38. A total amount of $3.2 million would be provided to the MCH/FP sector, of which $1.2 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

39. The following target groups have been identified as requiring priority attention in the proposed programme: (a) policy makers, leaders and cadres at different levels who are instrumental in policy formulation and implementation; (b) primary and secondary school students; and (c) potential users of family planning. The first group would be addressed in order to stimulate national debate and achieve a consensus with regard to population policy formulation and implementation. The second group would be reached through the formal education system with a programme designed to develop values and attitudes with regards to population and environment, gender equality, responsible parenthood and AIDS prevention. The third group would be encouraged to use family planning, practise responsible parenthood and adopt gender sensitive attitudes. Those

in the third group would also be informed about AIDS prevention. The messages and the channels used would be specially designed and selected to effectively reach each target group.

40. The proposed programme would continue to support the Ministry of Education in order to complete the introduction of population and family life education, currently at the pilot stage, in all accessible primary schools and initiate it at secondary schools and teacher training institutions. The proposed programme would also continue to support the Social Communication Institute in developing and testing communication messages and materials on MCH/FP and responsible parenthood. These materials would be used to implement activities aimed at organized workers and agricultural cooperatives, through the Mozambican Workers Organization, the Mozambican Women's Organization, the Mozambican Youth Organization and the Ministry of Agriculture's rural extension programmes.

41. Under the proposed programme, support would also be given to the Ministry of Information to produce information and education programmes on population issues for broadcasting through mass communication channels, particularly the radio, which is the main mass medium in the country. In this connection, a National Seminar on Mass Communication for Development was held in Mozambique in January 1991, and population and environment were indicated as priority areas for the Ministry of Information. The programme also proposes to give assistance to the Photographic Training Centre of the Ministry of Information in setting-up a photo library of images on population, development and environment matters to serve as reference and support materials for information and communication programmes in Mozambique. The Centre is the national training institution for all photo-visual journalists and serves as a depository and reference and documentation centre for all the media.

42. Support would be given to the school of radio and school of journalism to develop curricula and train teachers in introducing population and development disciplines. Teachers of these schools are influential practicing journalists, and the schools are mainly financed through the national news agencies, newspapers and radio, which recruit students upon graduation. These activities are considered crucial for creating awareness of population and development policy objectives as well as for developing mass communication programmes, both of which can be achieved with modest external financial assistance.

43. For the IEC sector, UNFPA proposes to provide $1.6 million, of which $600,000 would be sought from other sources, including multi-bilateral sources. The formal education sector would receive support in the amount of $600,000 (two thirds from regular resources); IEC in rural extension programmes would receive $450,000 (two thirds from regular resources).

Data collection and analysis

44. Availability of up-to-date and reliable statistical data for planning purposes is a high priority of the Government. A national demographic survey was conducted in 1991, and support would be provided to analyse the survey data. Assistance would also be provided for preparatory activities for the 1995 population census. UNFPA proposes to assist the Government in improving and standardizing the periodic collection of population data by including demographic modules in the regular household surveys that are conducted with UNDP assistance. Training and technical assistance would be given to administrative structures such as the Ministry for State Administration that routinely collect statistical data. These data could, with some improvements, be used effectively for population analysis. UNFPA would also provide technical assistance to help reorganize the civil registration system, an activity that would ultimately require considerable financial assistance from other donors.

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45. Population and the environment. The proposed country programme would give a much higher priority to environmental concerns. Policy-oriented research studies would be conducted to ascertain the environmental impact of demographic trends and programmes, and closer coordination would be established with national institutions addressing environmental issues to assist in integration of demographic variables in environmental planning and to ensure that proper consideration is given to population factors. Environment-related activities would be programmed in data collection and analysis and population research and training.

46. A total of $800,000 would be allocated to this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

47. Support for the PPU should continue in order to enable the National Planning Commission to develop the capacities to systematically integrate population variables into national and sectoral planning and to develop, formulate and implement population policies and programmes that take into account the specific situation of the Mozambican population, and of women in particular. A total of $800,000 would be provided to this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

48. Support would be provided to conduct research studies and disseminate findings on such issues as: (a) population movements, with high priority on population redistribution and its impact on the environment and the condition of women; (b) fertility trends and determinants, with particular attention to traditional values and the status of women; and (c) demographic and social aspects related to migration and resettlement programmes in order to guide the monitoring of and adjustments to these programmes. The UNFPA programme would also support the analysis of national demographic surveys and census data so as to determine the levels and trends of population variables and the demographic and social implications of these trends and to update population projections.

49. UNFPA assistance would also be used to help develop an information system on population and the situation of women, incorporating the 1980 census data and all subsequent surveys and other related statistical information, and to strengthen national institutions like the Eduardo Mondlane University, the Population Planning Unit, and the African Studies Centre so as to develop their capacities to carry out demographic analysis, studies of determinants and consequences of population trends, interactions of demographic and socio-economic variables and population projections. A total amount of $700,000 would be provided to this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

50. Enabling women to take control over their reproductive lives and productive activities is one of the most significant contributions of population and development programmes. In this context, support to the Mozambican Women's Organization should continue and be expanded. The OMM, through its health activists/mobilizers at the community level, should be an important determinant of change. Other national NGOs involved with community development and the economic and social advancement of women should receive technical and financial support to develop programmes and projects aimed at improving the situation of women, alleviate poverty and empower women to take decisions concerning their own lives and their families' welfare. To support

such activities, UNFPA would provide $700,000, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

51. A reserve of $200,000 would be set aside to meet unforeseen needs that may arise during the programme period.

Programme coordination

52. The coordination of technical assistance programmes rests with the Ministry of Co-operation which does so with support from UNDP. In this context the government coordinating agency in population assistance is the Ministry of Co-operation. Since the PPU was established, the Ministry of Co-operation has relied increasingly on it in technical questions. The PPU is well positioned to ensure that demographic variables are incorporated into both sectoral and national development plans. The proposed programme would provide for support to strengthen the PPU's capabilities in this task of coordination. UNFPA would seek to coordinate its activities with those of its partner agencies in the United Nations system and in particular with those in the Joint Consultative Group on Policy (JCGP) and maintain contact with other donors and NGOs. Close collaboration with UNICEF will be continued.

Programme monitoring, evaluation and management

53. The programme would be monitored by the UNFPA Country Director under the general supervision of the UNFPA Representative. The programme would be subject to monitoring and evaluation in accordance with standard UNFPA guidelines, which emphasize the need for progress reports, tripartite reviews, periodic country reviews, and a final report on individual activities. Mechanisms for periodic monitoring and evaluation, including technical reviews, would be built into each programme component. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

54. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $8 million over the three-year period 1992-1994, of which $5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,000,000	1,200,000	3,200,000
Information, education and communication	1,000,000	600,000	1,600,000
Data collection and analysis	500,000	300,000	800,000
Population policy formulation	500,000	300,000	800,000
Population dynamics	400,000	300,000	700,000
Women, population and development	400,000	300,000	700,000
Programme reserve	200,000	-	200,000
TOTAL	5,000,000	3,000,000	8,000,000

V. RECOMMENDATION

55. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Mozambique in the amount of $8 million for the three-year period 1992-1994;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $3 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Mozambique and with the executing agencies.